MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

(186-a)

CERTIFICATE OF DEATH

03646

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in this community (yrs., mos., or days) unknown

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 114 W. Mulberry Street (If rural give location)

(e) If foreign born, how long in U. S. A.? denied years

3 (a) **FULL NAME** Kitty O. Atkinson

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife Homer Atkinson dead

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 27, 1859

8. **AGE:** Years 80 Months 5 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Newcant County, Virginia (Town, county, and state)

10. Usual occupation housewife

11. Industry or business home

FATHER

12. Name John Perkins Pierce

13. Birthplace unknown

MOTHER

14. Maiden Name Mary Minge Christian

15. Birthplace unknown

16 (a) Informant Robert D. Atkinson

(b) Address 11 W. Franklin Street, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-39 (month) (day) (year)

(c) Cemetery or crematory

Location Petersburg Va

18 (a) Funeral director Wm Cook

(b) Address 1217 St Paul St

19 (a) 4/18/39 (Date rec'd by registrar) (b) H Andreal Registrar Deputy

MEDICAL CERTIFICATION

20. Date of death April 18 1939, at 7:05 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1938, to April 18 1939, and that I last saw him alive on April 17 1939.

Immediate cause of death	Duration
Chronic myocarditis	bef. 2-14-38
~~Xxxx~~ Fracture of right hip	2-17-39
~~Xxxx~~ Senility	bef. 2-14-38

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was ~~due~~ contributory to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Feb. 17, 1939

(c) Where did injury occur? Catonsville, Maryland (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Spring Grove Hosp (Specify type of place) While at work? no

(e) Means of injury Patient accidentally slipped and fell on the floor.

23. Signature Silas M. Weltmer M. D. (M. D. or other)

Address Catonsville, Md. Date signed 4-18-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

RECEIVED
MAY 3 1900
BUREAU V. S.

03647

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Dundalk, Md. No. 20 Eastship Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Barbour If U. S. Veteran, specify WAR

(a) Residence: No. 20 Eastship Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Barbour

6. DATE OF BIRTH (month, day, and year) July 28, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Heater

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Rod Mill, B.S. Co.

10. Date deceased last worked at this occupation (month and year) April 1939

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Johnstown, Pa.

FATHER

13. NAME James C. Barbour

14. BIRTHPLACE (city or town) (State or country) Wilmore Pa.

MOTHER

15. MAIDEN NAME Charlette Luther

16. BIRTHPLACE (city or town) (State or country) Johnstown Pa.

17. INFORMANT Mrs. Mary Barbour, wife

(Address) 20 Eastship Rd, Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhawn Date 4/8, 1939

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St. Balto Md.

20. FILED 4/8, 1939 Milton M. Smulson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 5th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 10 30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	30 min.

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David B. Evans, Acting Coroner

(Address) Dundalk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 3.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
APR 10 1939
BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94?)

Reg. Dist. No. 44

CERTIFICATE OF DEATH

03648

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Essex (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Marlyn Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 20

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Essex (If outside city or town limits, write RURAL and give town)

(d) Street No. Marlyn. Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 56 years

3 (a) **FULL NAME** Suzanna Birkholz

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Famale

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Andrew Birkholz

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 28-1873

8. AGE: Years 65 | Months 10 | Days 27 | If less than one day ____hr. ____min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Hock

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace "

16 (a) Informant Andrew Birkholz

(b) Address Essex, Md.

17 (a) Sacred Heart (Burial, ~~cremation~~, removal) (b) Date thereof 4-28-39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Rd. Balto.Co.

18 (a) Funeral director John G. Connelly

(b) Address Essex, Md.

19 (a) April 27 39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death April 25th 1939, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1938, to April 25 1939, and that I last saw him alive on April 25 1939.

Immediate cause of death	Duration
Pulmonary Oedema, Acute	2 hrs.
Due to Coronary Thrombosis	Repeated past 6 mos
Due to Arteriosclerosis	4 years
Other conditions Obesity	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George F. Davis M.D. (M. D. or other)

Address Essex Md. Date signed April 27 1939

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

(171)

CERTIFICATE OF DEATH

03649

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville, Maryland.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in this community (yrs., mos., or days) 2 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1216 Bolton Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) **FULL NAME** Robert Edward Blades, Jr.

3 (b) If veteran, name war: Unk

3 (c) Social Security No.: Unk

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1911

8. **AGE:** Years 27 | Months 6 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland, Baltimore
(Town, county, and state)

10. Usual occupation Taxi driver

11. Industry or business

FATHER
12. Name Robert Edward Blades, Sr.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Bertha ? Unk
15. Birthplace Unk

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 24 (day) 1939 (year)

(c) Cemetery or crematory Mt Olivet
Location Frederick Rd

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) April 22-39 (Date rec'd by registrar) (b) Marshall B West Registrar

MEDICAL CERTIFICATION

20. Date of death April 22 1939, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1939, to April 22 1939, and that I last saw him alive on April 22 1939.

Immediate cause of death	Duration
Burns from a mattress on face, upper chest, arms, lower legs.	19 hours
Due to Suicide	
Other conditions Schizophrenia	bef. 2-18-39

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

ok John W Loeber, Coroner

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide suicide

(b) Date of occurrence April 21, 1939

(c) Where did injury occur? Catonsville, Maryland
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Spring Grove St. Hospital While at work? no
(Specify type of place)

(e) Means of injury Set fire to a mattress

23. Signature Marshall B West
M. D. or other

Address Catonsville Md Date signed April 22-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (Bca) Reg. Dist. No. 30

CERTIFICATE OF DEATH

03650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: # 137 winters, Catonsville md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 137 winters Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Viola E. Boston

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife George Boston

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) June 2nd 1878

8. AGE: Years	Months	Days	If less than one day
60	10	7	——hr. ——min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name James Squirrel
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen
15. Birthplace md

16 (a) Informant Mrs Edna Jackson
(b) Address winters lane, Catonsville md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-39 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville

18 (a) Funeral director Adolphus Halstead
(b) Address 908 Druid Hill Ave

19 (a) 4/10/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 9th 1939 at Stva M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to April 9 1939, and that I last saw him alive on April 9 1939.

	Duration
Immediate cause of death Cerebral hemmorrhage	1 day
Due to Hypertension	over 4 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Albert Harden M. D. or other

Address 102 winters Catonsville md Date signed April 10, 39

RECEIVED
APR 26 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 30

CERTIFICATE OF DEATH

03651

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-11-24

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 240 N. Fulton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME William M. Boyd

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Hilda Linthicum

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1855

8. AGE: Years 83 Months 4 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore City, Maryland (Town, county, and state)

10. Usual occupation Locomotive Engineer

11. Industry or business Railroad

FATHER

12. Name George S. Boyd

13. Birthplace Maryland

MOTHER

14. Maiden Name Ann Reese

15. Birthplace Maryland

16 (a) Informant D. M. Reese

(b) Address 3700 N Charles St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 3 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Str

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) 5/1/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 30, 1939, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1936, to April 30, 1939, and that I last saw him alive on April 30, 1939.

Immediate cause of death	Duration
Chronic Valvular Heart Disease	Before 1938
Chronic Interstitial Nephritis	Before 1938
Due to	
Generalized Arterio Sclerosis	Before 1938
Due to	
Other conditions	Before 1938
Senile Psychosis (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John G. Runkel M. D. or other

Address Catonsville, Md. Date signed 4-30-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1969
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03652

(59)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Towsontown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie L. Buckley

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas G Buckley

6. DATE OF BIRTH (month, day, and year) Feb 12-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Hanson Abbott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Yates

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Leroy Gill

(Address) Upperco Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Greenmount Cem Date Apr 24, 1939

Baltimore Md

19. UNDERTAKER Edw C Pickton

(Address) Hampstead Md.

20. FILED April 23, 1939 J. Frank Duttera Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 22, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to April 22, 1939; that I last saw her alive on April 22, 1939; death is said to have occurred on the date stated above, at 9.25 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/18/39

Other **Contributory Causes** of importance:

Hypertension

Arteriosclerosis

Diabetes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Lashell M. D.

(Address) Reisterstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 137-01 Reg. Dist. No. 30

CERTIFICATE OF DEATH

03653

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mths.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1018 118 E. Chase Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Louis Buettner

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 23, 1903

8. AGE: Years 36 | Months - | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER

12. Name Frank A. Buettner

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Guttman

15. Birthplace Germany

16 (a) Informant Mrs. Mary Buettner, mother

(b) Address 1018 E. Chase Street, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14-1939 (month) (day) (year)

(c) Cemetery or crematory Mount Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Henry Hoeck & Sons Inc.

(b) Address 1301 E. Eager St.

19 (a) April 11 (Date rec'd by registrar) (b) Marshall Black Registrar

MEDICAL CERTIFICATION

20. Date of death April 10 1939, at 11:55 p.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1939, to April 10 1939, and that I last saw him alive on April 10 1939.

Immediate cause of death	Duration
Bronchopneumonia	4-8-39
Status epilepticus	4-6-39
Brain abscess 4/6/39	1920
Other conditions: Epilepsy following brain abscess (Include pregnancy within 3 months of death)	

Major findings:

Of operations none

Of autopsy no.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John J. Ruppel M. D. or other

Address Catonsville, Maryland Date signed 4-11-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 17 1939
BUREAU V. S.

03654

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 107-a

County Baltimore Registration Dist. No. 33

Village or City Owings Mills, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jeanette Marie Burke If U. S. Veteran, specify WAR

(a) Residence: No. 629 Murdock Ave St., Ward. Baltimore Co. Md.

(Usual place of abode) If ~~[illegible]~~ give city or ~~town and State~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1918

7. AGE Years 20 Months 5 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Inmate, Rosewood

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. State Tr. School Owings Mills, Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweet Air, Md Baltimore County

FATHER

13. NAME William Burke.

14. BIRTHPLACE (city or town) (State or country) Stewartstown, Penn.

MOTHER

15. MAIDEN NAME Catherine E. Amrein

16. BIRTHPLACE (city or town) (State or country) Sweet Air, Md. Baltimore County

17. INFORMANT (Address) Institutional Records

18. BURIAL, CREMATION, OR REMOVAL Place Blenheim Cem. Date April 4, 1939

19. UNDERTAKER (Address) John Burns Sons Towson Md.

20. FILED April 3, 1939 J. Frank [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 2, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to April 2, 1939

I last saw her alive on April 2, 1939; death is said to have occurred on the date stated above, at 11:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	3/2/39
Broncho-Pneumonia	4/1/39

Other Contributory Causes of importance:

Mongolianism	Cong.

Name of operation None Date of

What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Harry G. Butler M. D.

(Address) Owings Mills, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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MAY 2 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107-a)

Reg. Dist. No. 38

03655

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Towson (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 610 York Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 York Rd., Towson, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emma Elizabeth Burns

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1861

8. AGE: Years 78 | Months 2 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Riderwood, Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business at Home

FATHER
12. Name John Burns
13. Birthplace Riderwood, Md.

MOTHER
14. Maiden Name Temperance Rebecca Coale
15. Birthplace Riderwood, Md.

16 (a) Informant Edw. E. Burns
(b) Address 610 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1939 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director John Burns, Sons - M. E. Burns
(b) Address Towson, Md.

19 (a) Apr 28/39 (Date rec'd by registrar) (b) Howard Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 26, 1939, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1939, to Apr 26 1939 and that I last saw him alive on Apr 25 1939

Immediate cause of death ____ Duration ____

Due to Bronchopneumonia 2 days

Due to Mu

Other conditions Myocardial Insufficiency Pulmonary Edema (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel of St. Thos. Jenifer M. D. or other
Address Towson, Md. Date signed Apr 27th 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1935
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03656

1. PLACE OF DEATH (946)

County Baltimore Registration Dist. No. 30

Village or City Hollofield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME George W. Clarkson If U. S. Veteran, specify WAR

(a) Residence: No. Alberton Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Clarkson

6. DATE OF BIRTH (month, day, and year) Sept 24, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 4 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg Va.

FATHER

13. NAME Chas. Clarkson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cora Waters

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs G. W. Clarkson (Address) Alberton Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Date 4-17, 1939

19. UNDERTAKER F. Higginbotham Jr. (Address)

20. FILED 4/15, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from April 13, 1939, to April 13, 1939

I last saw him alive on April 13, 1939; death is said to have occurred on the date stated above, at 3:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	acute

Other Contributary Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Alberton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Leon A. Kochman

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03657

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH 107-a

County Baltimore Registration Dist. No. 33

Village or City Owings Mills, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 0 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeanette Cohen If U. S. Veteran, specify WAR

(a) Residence: No. 1716 Fleet St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Inmate Rosewood State Training

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. School, Owings Mills, Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sam Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Levinson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Institutional Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Helwig Cem. Date 4-27-39

19. UNDERTAKER Jack Lewis Inc. (Address) 1439 E. Fayette St.

20. FILED April 26 (25) 19 39 L. Edward Bratt M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 25 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939, to April 25, 1939

I last saw h.. alive on April 24, 1939; deeth is seid to heve occurred on the date stated above, at 7a m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:

	Date of onset
Acute Bronchitis	4/15/39
Broncho Pneumonia	4/18/39

Other Contributory Causes of importance:

Neme of operetion None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was disease or injury in any way related to occupetion of deceased? no.

If so, specify

(Signed) Harry G. Butler M. D.

(Address) Owings Mills, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 2 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 43

CERTIFICATE OF DEATH (59)

03658

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Buck School House Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Raspeburg R.F.D. (If outside city or town limits, write RURAL and give town)

(d) Street No. Buck School House Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Comes

3 (b) If veteran, name war ----------

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thomas Comes

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 8th. 1859

8. AGE: Years 79 Months 11 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Adam Rohe

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant John Comes

(b) Address Raspeburg MD. R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/39 (month) (day) (year)

(c) Cemetery or crematory St. Josephs, Cem.

Location Fullerton Md.

18 (a) Funeral director Frederick Lassahn & Sons

(b) Address 7401 Belair Road

19 (a) 4/25/39 (Date rec'd by registrar) (b) C.A. Int. Registrar

MEDICAL CERTIFICATION

20. Date of death April 24th. 1939, at 2.15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1939, to April 23 1939, and that I last saw him alive on April 23 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-Sclerosis

Due to Diabetes

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration: April 10 several yrs 1937

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address 1 W. Overlawn Date signed 4/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 1 1939
BUREAU V. S.

03659

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. ~~9~~ 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. ? mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Virginia Debaugh If U. S. Veteran, specify WAR NO

(a) Residence: No. 101 E Penn ave St., Ward. Towson, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 21, 1920

7. AGE Years 19 Months 2 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School girl

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. School

10. Data deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Franklin Debaugh.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Maryland.

MOTHER

15. MAIDEN NAME Edna R McComas

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) Personal Records

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date April 26, 1939

19. UNDERTAKER (Address) John Burns Sons Towson, Md.

20. FILED Apr 25, 1939 [illegible] Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to April 23, 1939

I last saw her alive on April 20, 1939; death is said to have occurred on the date stated above, at 445 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1937

Other Contributory Causes of importance:

Name of operation Pneumolysis Date of Sept. 1937

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) William Newcomer M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 1 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (925) Reg. Dist. No. 30

CERTIFICATE OF DEATH

03660

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)

(d) Street No. Rolling Road (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Roy Penn Dobson

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma C. Dobson

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 29, 1868

8. **AGE:** Years 70 | Months 6 | Days 18 | If less than one day _____ hr. _____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Heating Engineer

11. Industry or business

FATHER

12. Name Joseph H. Dobson

13. Birthplace Virginia

MOTHER

14. Maiden Name Rebecah Pettit

15. Birthplace Virginia

16 (a) Informant Mrs. Emma C. Dobson

(b) Address Rolling Road, Relay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director [signature]

(b) Address 1003 W. Baltimore St.

19 (a) 4/18/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1939, at 7:25 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 19 39, to April 17th 19 39, and that I last saw him alive on April 16th 19 39.

Immediate cause of death	Duration
Chronic valvular heart disease	bef. 3-3-39
Due to Generalized arteriosclerosis	" "
Due to Hypertension	" "
Diabetes	" "
Other conditions	
Senile dementia with arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Silas M. Hecklinger M.D. M. D. or other

Address Catonsville, Md. Date signed 4-17-39

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MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

CERTIFICATE OF DEATH

03661

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.

(e) Length of stay in this community (yrs., mos., or days) " "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 1835 N. Durham Street (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Barbara Driscoll

3 (b) If veteran, name war - none

3 (c) Social Security No. - none

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife James Driscoll

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) June 19, 1867

8. AGE: Years 71 Months 9 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation dressmarker, housewife

11. Industry or business home

FATHER

12. Name John Batzer

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Snyder

15. Birthplace Germany

16 (a) Informant Mrs. Marie Manners

(b) Address 3005 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.

Location Taylor Ave Balto Md.

18 (a) Funeral director Henry Stoeck + Sons Inc

(b) Address 1301 E Eager St.

19 (a) April 5-39 (Date rec'd by registrar) (b) Marshall B West Registrar

MEDICAL CERTIFICATION

20. Date of death April 4 1939 at 7 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1936, to April 4 1939, and that I last saw him alive on April 4 1939.

Immediate cause of death	Duration
Bronchopneumonia	4-1-39
Due to Fractured hip	11-18-38
Due to	
Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was ~~due~~ to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 11-18-38

(c) Where did injury occur? Spring Grove Hospital (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Spring Grove (Specify type of place) While at work? -

(e) Means of injury Slipped while on ward, fell on floor, fracturing left hip.

23. Signature John G. Kunkel M. D. or other

Address Catonsville, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 15 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03662

(46-A)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 30

Village or City Catonsville No. 4 Montrose Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Faust.

If U. S. Veteran, specify WAR

(a) Residence: No. 11 Montrose Ave St., Ward Catonsville Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Faust.

6. DATE OF BIRTH (month, day, and year) Mar. 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Mylander

14. BIRTHPLACE (city or town) (State or country) Westphalia Germany

MOTHER

15. MAIDEN NAME Mary Kinemund

16. BIRTHPLACE (city or town) (State or country) Hanover Germany

17. INFORMANT (Address) Mr. Walter C. Mylander 205 E Martins Rd.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr 27, 1939

19. UNDERTAKER Wm. Tickner & Sons (Address) North & Paca Sts.

20. FILED 4/27/39 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 25 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1937, to April 26, 1939

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 4 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the Oesophagus.	
Other Contributory Causes of importance: Inanition	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Elmer B Freeman M. D.

(Address) 807 Cathedral St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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APR 29 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. E. B. Freeman
807 Cathedral
4:00 P.M. Tues.
2:30 to 4:P.M. Wed.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 37

03663

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Rural - Phoenix
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Phoenix - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. none
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Henry F. Fox

3 (b) If veteran, name war no

3 (c) Social Security No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Lice Fox

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1858

8. AGE: Years 80 | Months 4 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Gardener

11. Industry or business Private

FATHER
12. Name George Fox
13. Birthplace Germany

MOTHER
14. Maiden Name Annie (last name not known)
15. Birthplace Germany

16 (a) Informant Mrs. Henry F. Fox
(b) Address Phoenix, Balto Co, Md

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof April 5, 1939
(month) (day) (year)
(c) Cemetery or crematory First Reformed
Location Jacksonville, Balto Co., Md

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md

19 (a) Apr 3-39
(Date rec'd by registrar)
(b) Wilmer C. Ensor M.D.
Registrar

MEDICAL CERTIFICATION

20. Date of death April 3 1939, at 4:40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1937, to Apr 3 1939, and that I last saw him alive on Apr. 2 1939.

Immediate cause of death	Duration
Uraemic Coma	1 wk
Due to Chronic Interstitial Nephritis	2 yrs
Due to Arteriosclerosis Senility	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer C. Ensor M.D.
M. D. or other

Address Cockeysville Md Date signed Apr. 3/39

1938 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 43

CERTIFICATE OF DEATH

03664

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 4500 Forest View Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 19 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 4500 Forest View Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth M. Frazier

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Luther T.O. Frazier

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 26, 1860

8. AGE: Years 78 | Months 10 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Adam Ruland

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mr. Luther E. Frazier

(b) Address 4500 Forest View Ave.

17 (a) Mt. Olivet Cem. Frederick, Md. (Burial, cremation, or removal) (b) Date thereof 4/17/39 (month) (day) (year)

(c) Cemetery or crematory Burial

Location Frederick, Md.

18 (a) Funeral director F. Lanahan & Son

(b) Address 7401 Belair Road

19 (a) 4/16/39 (Date rec'd by registrar) (b) S. A. Frtz Registrar

MEDICAL CERTIFICATION

20. Date of death April 15th 1939, at 12:30P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 22 1939, to Apr. 15, 1939, and that I last saw ~~him~~ her alive on Apr. 14, 1939.

Immediate cause of death	Duration
Arterio Sclerosis	1930
Due to	
Due to Cerebral Hemorrhage	Apr 21st 1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edith H. Benson M.D. M. D. or other

Address 1 W. Overlea Ave. Date signed 4/16/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 1 1939
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03665

(93)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert N. Frye If U. S. Veteran, specify WAR

(a) Residence: No. Halethorpe Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Frye

6. DATE OF BIRTH (month, day, and year) Oct 4th 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Supervisor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retail B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) April 1939

11. Total time (years) spent in this occupation 33yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert L. Frye

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah E. Waters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Ethel Frye (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md Date 4/19/39

19. UNDERTAKER Lloyd Lasair (Address) Laurel Md.

20. FILED April 18, 1939 Gertkieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 16 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1938, to April 16, 1939

I last saw h~~e~~ alive on April 16, 1939; death is said to have occurred on the date stated above, at 8.45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Coronary Occlussion	1938
Other Contributory Causes of importance:	
Chronic Myocarditis	1938

Name of operation — Dete of —

What test confirmed diagnosis? Statts Was there an autopsy? No

23. If deeth was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Dete of injury , 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Neture of injury

24. Was diseese or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) Willard Larson. M. D.

(Address) Halethorpe Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver, etc.**

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.** Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist, etc.** Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAY 2 19[illegible]
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (47-P)

Reg. Dist. No. 4-1

03666

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore County

(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 17 Saloras Pt Rd (Saloras Pt Rd)

(d) Length of stay in hospital or institution (hrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. 17 Saloras Pt Rd (Saloras Pt) (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Manis Gentry

3 (b) If veteran, name war

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Melvina Gentry

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May

8. AGE: Years	Months	Days	If less than one day
70			____ hr. ____ min.

9. Birthplace Green County Va. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Benjamin Gentry

13. Birthplace Green Co. Va

MOTHER 14. Maiden Name ?

15. Birthplace Green County Va

16 (a) Informant Russell Morris

(b) Address 7125 Holabird Ave

17 (a) 4/4/39 (Burial, cremation, or removal) (b) Date thereof 4/4/39 (month) (day) (year)

(c) Cemetery or crematory Dyke Va.

Location

18 (a) Funeral director Durward D. Covington

(b) Address 21 W. 25th St.

19 (a) 4/2/39 (Date rec'd by registrar) (b) Tom Learmont Registrar

MEDICAL CERTIFICATION

20. Date of death April 2 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1938, to April 1939, and that I last saw him alive on April 1 1939.

Immediate cause of death	Duration
(a) Adenoma of Lungs	(a) Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No.

(b) Date of occurrence No.

(c) Where did injury occur? No. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No.

(e) Means of injury None

23. Signature M B Davis M.D. (M. D. or other)

Address Dundalk Md Date signed 4/2/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03667

(164)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Parkville No. 3104 California Ave. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lillian Rose Getz

(a) Residence: No. 3104 California Ave Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Getz

6. DATE OF BIRTH (month, day, and year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Geo. Forney

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME — Councilman

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Henry Getz (Address) 3104 California Ave

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Date 5/1, 1939

19. UNDERTAKER Leonard Puck (Address) 6306 Harford Rd

20. FILED 4/29, 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Suicide due to illuminating gas - Found dead by daughter at about 4.45 P.M. Probably dead several hours at that time	4/28/39

Other **Contributory Causes** of importance:

Raymond J. Gilland M.D. Coroner

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) A. M. Bacon M. D.

(Address) Parkville, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAY 1 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03668

1. PLACE OF DEATH

County Baltimore (82-a) Registration Dist. No. 33

Village or City Ewings Mills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hayden F Gill If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ida May Jones

6. DATE OF BIRTH (month, day, and year) Oct 11-1868

7. AGE Years 70 Months 6 Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Gill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Tipton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Hayden F Gill Ewings Mills Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Emory Cem. Carroll Co Date Apr 13, 1939

19. UNDERTAKER (Address) Edw C Tipton Hampstead Md

20. FILED April 12, 1939 J. Frank Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June, 1932, to April 11, 1939

I last saw him alive on April 10, 1939; death is said to have occurred on the date stated above, at 9 45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other Contributory Causes of Importance:

Hypertension and arteriosclerosis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] G. Saffell M. D.

(Address) Westerstown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 2 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-01)

Reg. Dist. No. 33

03669

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Reisterstown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Deer Park Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia A. Gosnell

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1868

8. AGE: Years 70 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name George W. Gosnell

13. Birthplace Baltimore, Co.

MOTHER

14. Maiden Name Sarah A. Simmons

15. Birthplace Baltimore, Co.

16 (a) Informant Samuel Gosnell

(b) Address Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1939 (month) (day) (year)

(c) Cemetery or crematory Asbury M. E. Cemetery

Location Baltimore, Co.

18 (a) Funeral director J. F. Eline & Sons

(b) Address Reisterstown, Md.

19 (a) April 30, 1939 (Date rec'd by registrar) (b) J. Frank Mitchell Registrar

MEDICAL CERTIFICATION

20. Date of death 4/27/39, at 9 30/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20/39, to 4/27/39, and that I last saw him alive on 4/27/39.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jesse G. Saffell M. D. or other

Address Reisterstown Md Date signed 4/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03670

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City ~~Baltimore~~ Villa Maria, Notch Cliff No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sister Mary John Berchmans Gowen If U.S. Veteran specify WAR

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
69	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 9494

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phila (State or country) Pa.

FATHER

13. NAME Patrick Gowen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Gorman

16. BIRTHPLACE (city or town) Phila (State or country) Pa.

17. INFORMANT Sr. M. Peter Fourier (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date Apr. 2nd, 1939

19. UNDERTAKER Geo. M. Fink & Son (Address) 811 N. Wolfe St.

20. FILED 4/11/39 19 W. M. Emmett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to April, 1939

I last saw her alive on April 5, 1939; death is said to have occurred on the date stated above, at 5.40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial decompensation	

Other Contributory Causes of Importance:

Cardio-vascular renal

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) [signature] M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

ncipal cause of death and related causes ortance were as follows:	Date of onset
rteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 2 1933 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03671

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (46C)

County Baltimore Registration Dist. No. 40

Village or City ~~Baltimore~~ Villa Maria, Notch Cliff No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sister Mary Falconeria Greiner

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 16, 1864

7. AGE: Years 74 | Months 6 | Days 5 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.: Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tonawada N. Y.

FATHER

13. NAME: Peter Greiner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sophia Pierson

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT (Address): Sr. M. Peter Fourier

18. BURIAL, CREMATION, OR REMOVAL

Place: Notch Cliff Date: Apr. 24, 1939

19. UNDERTAKER (Address): Geo. M. Frick Bros 811 N. Wolfe St.

20. FILED: 4/24/39 W. M. Hammett, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October, 1934, to April, 1939

I last saw her alive on April 21, 1939; death is said to have occurred on the date stated above, at 1.45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) [signature] M. D.

(Address) Towson Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942) Reg. Dist. No. 32

CERTIFICATE OF DEATH

03672

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
113 Reisterstown Road
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in this community (yrs., mos., or days) 50 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME
Sarah Elizabeth Grimm

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Daniel W. Grimm

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 29, 1873

8. AGE: Years 65 | Months 9 | Days 3 | If less than one day _____ hr. _____ min.

9. Birthplace Adams County, New Oxford Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry F. Eckenrode
13. Birthplace Adams County, Pa.

MOTHER
14. Maiden Name Marie Clunk
15. Birthplace Adams County, Pa.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Oakview Plot

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville, Md.

19 (a) 4/3/1939 (Date rec'd by registrar) (b) Mrs. E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death April 1st 19 39, at 9.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from several years 19____, to April 1st 19 39, and that I last saw him alive on April 1 19 39.

Immediate cause of death	Duration
Coronary Thrombosis	Sudden
Due to Arterio Sclerosis	?
Due to	
Other conditions Chronic Arthritis	Several years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. E. E. Nichols M. D. or other
Address Pikesville, Md Date signed Apr 3-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAY 3 1988
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-D) Reg. Dist. No. 44

03673

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Rural - Fort Howard
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: North Point Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 17 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural Fort Howard
(If outside city or town limits, write RURAL and give town)
(d) Street No. North Point Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Margerite Hager

3 (b) If veteran, name war none
3 (c) Social Security No. None

4. Sex Female
5. Color or race white
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George Hager
6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 17-1890

8. AGE: Years 48 Months 9 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business own home

FATHER
12. Name Gerlach
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Carrie Richard
15. Birthplace Baltimore Md.

16 (a) Informant George Hager (Husband)
(b) Address North Point Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1939 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Road

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. Wolfe St.

19 (a) April 13-39 (Date rec'd by registrar) (b) Dawson L. Harbor Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death April 11 1939, at 3:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1932, to April 11 1939, and that I last saw him alive on April 10 1939.

Immediate cause of death Lymphosarcoma rectum L.
Due to Inanition
Due to Decubitus ulcers
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 2 years; 3 weeks; 1 month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis N. Follin M.D.
M. D. or other
Address Sparrows Pt. Md Date signed 4/11/39

VS. A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

CERTIFICATE OF DEATH

03674

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Mount Wilson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos. 6 das.

(e) Length of stay in this community (yrs., mos., or days) 8 mos. 6 das.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Charles

(c) City or town Dentsville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Stanley Hancock

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Esther Hancock

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) May 8, 1911

8. AGE: Years 27 | Months 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Dentsville, Maryland, Charles County (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER

12. Name Matthew M. Hancock,

13. Birthplace Nanjemoy, Maryland

MOTHER

14. Maiden Name Matilda L. Cooksey

15. Birthplace Charles County, Maryland

16 (a) Informant Eleanor Pearson

(b) Address Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Dentsville M.E. Cemty.

Location Dentsville, Maryland

18 (a) Funeral director Huntt & Ryan

(b) Address Waldorf, Maryland

19 (a) Apr. 4, 1939 (Date rec'd by registrar) (b) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death April 4 19 39 at 10:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29, 1938, to April 4, 1939, and that I last saw him alive on April 4, 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Since May 1938
Due to	
Due to Tuberculous Laryngitis	Since May 1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Smith M. D.

Address Mount Wilson, Md. Date signed 4/4/39

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MAY 3 1988
BUREAU V. S.

03675

STATE OF MARYLAND—CERTIFICATE OF DEATH

(947)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 37

Village or City Sunny brook, Balto Co Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred Visitor yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry H. Harris. If U. S. Veteran, specify WAR

(a) Residence: No. 3829 Hickory Ave. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White.	married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eva Harris.

6. DATE OF BIRTH (month, day, and year) Dec 8, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 yrs. ~~1880~~	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Machinist.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Machine Shop.

10. Date deceased last worked at this occupation (month and year) Apr 15/39

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Harris.

14. BIRTHPLACE (city or town) (State or country) Franklinville Md.

MOTHER

15. MAIDEN NAME Caroline Hoover.

16. BIRTHPLACE (city or town) (State or country) Beckleysville Md.

17. INFORMANT (Address) Roland Howard. Cockeysville Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cem. Hampden Date May 3, 1939

19. UNDERTAKER (Address) Chenoweth Son 3615-17 Christmas Ave

20. FILED April 30-39, 19 Wilmer C Ensor M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1939, to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 5:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis (Dropped dead.)

Date of onset

Other Contributory Causes of importance:

Name of operation Inspection Date of

What test confirmed diagnosis? History of Case Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify T. Walter Allen Comm.

(Signed) Wilmer C. Ensor M. D.

(Address) Cockeysville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03676

1. PLACE OF DEATH (46-R)

County Baltimore Registration Dist. No. 40

Village or City ~~Baltimore~~ Villa Maria, Notch Cliff St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sister Mary Lydia Hartnett

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 17, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
82	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dan Hartnett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sr. M. Peter Fourier

(Address) Villa Maria, Notch Cliff

18. BURIAL, CREMATION, OR REMOVAL

Place Notch Cliff Date Apr. 15th, 1939

19. UNDERTAKER Geo M. Dunk Jr.

(Address) 811 N. Wolfe St.

20. FILED 4/17/39, 19 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to April, 1939

I last saw her alive on April 12, 1939; death is said to have occurred on the date stated above, at 2.04 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cancer of stomach	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) [signature] M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 2 1930
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03677

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. — mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard EDWARD Hill * If U. S. Veteran, specify WAR

(a) Residence: No. 414½ Railroad Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hill

6. DATE OF BIRTH (month, day, and year) June 20th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Edward Hill

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary C.

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Edward Hill

(Address) 420½ Pennsylvania Ave Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 4-28th, 1939

19. UNDERTAKER Bafroy & Angelo H. Wright

(Address) 219 Pennsylvania Ave Baltimore Md

20. FILED Apr 27, 39 Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 25 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1939, to Apr 25, 1939

I last saw h— alive on Apr 24, 1939; death is said to have occurred on the date stated above, at 7 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 11 1939

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Liberman M. D.

(Address) 2329 Garrison Blvd

*SEE OTHER SIDE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANGE OF NAME: LETTER FILED May 1 1939 under DR. JOHNSON stating deceased was known as DICK HILL, but his proper name was EDWARD HILL.-L.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 20

03678

CERTIFICATE OF DEATH

46-7

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 days

(e) Length of stay in this community (yrs., mos., or days) 42 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 6114 Ridgeview Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? approx 42 years

3 (a) **FULL NAME** AIFRED HOLECAMP

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Henrietta

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17 / 1876

8. AGE: Years 62 | Months 3 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Frederick Holecamp

13. Birthplace Germany

MOTHER

14. Maiden Name Louise ?

15. Birthplace Germany

16 (a) Informant Hospital Record

(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)

(c) Cemetery or crematory Balto 4, 4, 1939

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) ____ (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 1st 1939, at 7 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1939, to April 1 1939, and that I last saw him alive on April 1 1939.

Immediate cause of death Pneumonia — Duration 24 hrs

Due to Carcinoma of the Pancreas — Before Jan '39

Due to ____

Other conditions Arterio Sclerosis — cerebral — Before Jan '39

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy Pneumonia - Ca of Pancreas

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature [signature] M. D. or other

Address Catonsville Md Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03679

(46-B)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Woodlawn — No. 6605 Windsor Mill Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Carroll Hooker — If U. S. Veteran, specify WAR

(a) Residence: No. 6605 Windsor Mill Road St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ethel Hooker

6. DATE OF BIRTH (month, dey, and year) September 8, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	9	

OCCUPATION

8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed last worked et this occupetion (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

FATHER

13. NAME Frank Hooker

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Isdora E. Yingling

16. BIRTHPLACE (city or town) Carroll County
(Stete or country) Maryland

17. INFORMANT Mrs. Maurice S. Ditman
(Address) 6605 Windsor Mill Rd., Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date April 20, 19 39

19. UNDERTAKER
(Address) 1003 N. Baltimore St.

20. FILED 4/19, 19 39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 17, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to April 17, 1939

I last saw him alive on April 17, 1939; deeth is said to heve occurred on the date stated above, et 8.20P m.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:

	Date of onset
Carcinoma of Lower	1 year

Other Contributory Causes of Importance:

Chronic Gastritis	

Name of operation — Date of

What test confirmed diegnosis? — Was there an autopsy?

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in eny wey related to occupation of deceased? No

If so, specify

(Signed) Ernest W. Kahn M. D.

(Address) 1735 Poplar Grove St., Balto.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1 — N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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APR 24 1939
BUREAU OF U.S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03680

1. PLACE OF DEATH (131)

County Baltimore Registration Dist. No. 41

Village or City Mary E. Hopkins Fairlawn No. 1903 Krafton ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hopkins If U. S. Veteran, specify WAR

(a) Residence: No. 1903 Krafton ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson A. Hopkins

6. DATE OF BIRTH (month, day, and year) April 10 th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Albany Ind

FATHER

13. NAME John W. Sullivan

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Myra Deremore

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Nelson A. Hopkins (Address) 1903 Krafton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Louisville Ky Date April 14 th 1939

19. UNDERTAKER John Ulrich (Address) 2005 Orleans

20. FILED 4/13, 1939 Milton M. Munson Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Apr 13, 1939

I last saw her alive on April 12, 1939; death is said to have occurred on the date stated above, at 12 45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arenia April 5	1939
Chr. Nephritis	1935
Chr. Myocarditis	1935

Other Contributory Causes of Importance: Obesity

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 1350 Fort ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

[signature] Reg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

MAY 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03681

1. PLACE OF DEATH 57 b (10)

County Baltimore Registration Dist. No. 4 4

Village or City Rosedale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Hradsky If U. S. Veteran, specify WAR

(a) Residence: No. Old Phila Rd. & Neighbors Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Vaclav Hradsky

6. DATE OF BIRTH (month, day, and year): Jan 29, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Czeckoslovakia

FATHER

13. NAME: John Valis

14. BIRTHPLACE (city or town) (State or country): Czechoslovakia

MOTHER

15. MAIDEN NAME: Dedouch

16. BIRTHPLACE (city or town) (State or country): Czeckoslovakia

17. INFORMANT: Vaclav Hradsky

(Address): Old Phila Rd & Neighbors Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Apr 10, 1939

19. UNDERTAKER: Charles E. Schimunek

(Address): 2603 E. Madison Street

20. FILED: April 8, 1939 John M. Cornelius Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 6th 39

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to April 6th 39

I last saw h[illegible] alive on April 6th 39; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/30/39
Other Contributory Causes of importance:	
Acute Cardiac dilatation	4/5/39

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Daniels M. D.

(Address) 801 N. Kenwood Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 40

03682

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town near Baldwin Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town near Baldwin Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME J. Daniel Hurline

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of ~~husband~~ or wife Louisa J. Hurline

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13-1863

8. AGE: Years 76 Months 3 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Stephen Hurline

13. Birthplace Md.

MOTHER

14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Louisa J. Hurline

(b) Address Baldwin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-39 (month) (day) (year)

(c) Cemetery or crematory St. Johns Luther

Location Blenheim Md.

18 (a) Funeral director Clarence E. Arthur

(b) Address Fork Md.

19 (a) 4/25/39 (Date rec'd by registrar) (b) W M Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death April 23 1939, at 11.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1938, to April 23 1939 and that I last saw him alive on ____ 19__.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 11/15/38 1 GB

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter M Hammett M. D. or other

Address Baldwin Date signed 4/25/39

VS. A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03683

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Balto. Co. Registration Dist. No. 20

Village or City Catonsville No. Re Apitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Olaf Jakobsen

(a) Residence: No. 3225 Elmley Ave (Usual place of abode) Elmleyan Balto Md Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Jakobsen

6. DATE OF BIRTH (month, day, and year) Aug. 17 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Sea-Captain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Zacharias Jakobsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Hanna

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Anna M. Neilsen

(Address) 3115 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn bur. Date 4/4/, 1939

19. UNDERTAKER J. J. Moran

(Address) 3606 E. Baltimore St.

20. FILED April 3, 1939 Marshall B. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 1st (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from March 8, 1939, to April 1st, 1939

I last saw him alive on April 1st, 1939; death is said to have occurred on the date stated above, at 7 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	1 mo
Other **Contributory Causes** of importance:	
Arteriosclerosis	1 yr

Name of operation None Date of

What test confirmed diagnosis Physical signs Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Chas. D. Neer Neer

(Signed) H. O. Patterson Park M. D.

(Address) Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83) Reg. Dist. No. 30

CERTIFICATE OF DEATH

03684

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Spring Grove State Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 12 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Jackson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George Joseph Jenkins

3 (b) If veteran, name war no
3 (c) Social Security No. no

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22-1884

8. AGE: Years 55 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual occupation Scales repairman.
11. Industry or business

FATHER
12. Name Henry Jenkins
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Cecilia Roberts
15. Birthplace Baltimore, Md.

16 (a) Informant Records of the hospital
(b) Address Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 15-39 (month) (day) (year)
(c) Cemetery or crematory New Cath. 4/15/39
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) April 13-39 (Date rec'd by registrar) (b) Marshall B West Registrar

MEDICAL CERTIFICATION

20. Date of death April 12 1939, at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death	Duration
Acute Myocarditis	½ hour
Due to Syphilis	before 1939
Due to	
Other conditions General Paresis. (Include pregnancy within 3 months of death)	before 1939

Major findings:
Of operations Jno W Loeber Coroner
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marshall B West M. D. or other
Address Catonsville Md. Date signed April 13-39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03685

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Oella, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Virginia Jones If U. S. Veteran, specify WAR

(a) Residence: No. Oella, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W Jones

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Monroe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Parks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs George Tucker (Address) Oella, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Balto National Date Apr. 28, 1939

19. UNDERTAKER F. C. Higinbothom, Jr (Address) Ellicott City Md.

20. FILED 4/26, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1938, to 4-24, 1939

I last saw her alive on 4-24, 1939; death is said to have occurred on the date stated above, at 7.45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	1938

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George E. Burgtorf M. D.

(Address) Ellicott City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33

CERTIFICATE OF DEATH

03686

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Reisterstown

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Reisterstown, Md. Hanna Moss Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 16 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Reisterstown, Md. Rural.

(If outside city or town limits, write RURAL and give town)

(d) Street No. Hanna Moss Lane.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Joseph Edward Kelley.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Catherine Quigley

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1875

8. AGE: Years	Months	Days	If less than one day
64	6	12	——— hr. ——— min.

9. Birthplace Woodberry. Baltimore (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER

12. Name John W. Kelley.

13. Birthplace Md.

MOTHER

14. Maiden Name Georgiania Blucher.

15. Birthplace Md.

16 (a) Informant Mrs. Catherine Kelley.

(b) Address Reisterstown Md.

17 (a) Wood Lawn Cem. (Burial, cremation, or removal) (b) Date thereof ——— (month) (day) (year)

(c) Cemetery or crematory Wood Lawn Cem.

Location Owings Mill Oak Junction

18 (a) Funeral director Wm. Berry Sons

(b) Address Reisterstown, Md.

19 (a) April 11, 1939 (Date rec'd by registrar) (b) J. Frank Mitchell Registrar

MEDICAL CERTIFICATION

20. Date of death April 10th 1939, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15th 1939, to April 10 1939, and that I last saw him alive on April 10th 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	25 hr.
Due to Arterio Sclerosis	14 yr.
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ———

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ———

(b) Date of occurrence ———

(c) Where did injury occur? ——— (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ——— (Specify type of place) While at work? ———

(e) Means of injury ———

23. Signature L. Frank Mitchell M. D. or other

Address Reisterstown Date signed 4/10/39

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MAY 2 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03687

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (57)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Mt. de Sales Academy — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. Raphael Lawlor

(a) Residence: No. Mt. de Sales Academy, Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 21, 1865

7. AGE — Years: 74 | Months: 3 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Religious

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) Morristown (State or country) Pennsylvania

FATHER

13. NAME John Lawlor

14. BIRTHPLACE (city or town) County Carlow (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ann Mullin

16. BIRTHPLACE (city or town) Londonderry (State or country) Ireland.

17. INFORMANT Academy Records. (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Mt. de Sales — Date May 1, 1939

19. UNDERTAKER Easton Sons (Address) Ellicott City.

20. FILED 5/1, 1939 — Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 30th (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1857, to Apr 30, 1939

I last saw h.. alive on Apr. 30th, 1939; death is said to have occurred on the date stated above, at 8:15 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Osteoarthritis	8 yrs.

Other Contributory Causes of importance:

Fall 1½ yrs. ago.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas McGuinness M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 32

03688

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Mount Wilson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mt. Wilson Branch, Maryland Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/7/6

(e) Length of stay in this community (yrs., mos., or days) 1/7/6

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 336 Whitridge Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John M. P. Leavy

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Alice Leavy

6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) January 30, 1883

8. AGE: Years	Months	Days	If less than one day
56	2	22	____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Moulder

11. Industry or business Unknown

FATHER

12. Name Patrick Leavy

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Mary E. Walsh

15. Birthplace Baltimore, Maryland

16 (a) Informant J. Frank Spalding

(b) Address Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery

Location Baltimore, Maryland

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Baltimore St., Balto Md.

19 (a) Apr. 21, 1939 (Date rec'd by registrar) (b) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death April 21 1939, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1937, to April 21 1939, and that I last saw him alive on Apr. 21, 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Since May, 1934
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Smith M. D.

Address Mt. Wilson, Md. Date signed 4/21/39

MAROON RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 31

03689

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dogwood Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Fred. Benjamin Levering

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 15 1939

8. **AGE:** Years | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Woodlawn Balto Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Fred. E. Levering
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Frances Meekins
15. Birthplace Baltimore Co. Md.

16 (a) Informant Fred. E. Levering
(b) Address Woodlawn Balto Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Randallstown Md.

18 (a) Funeral director J. W. Lamoreau
(b) Address 1003 W. Balto St. Balto Md.

19 (a) Apr 16 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Stillborn | Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Martin M. D. or other
Address Randallstown Date signed 4/16/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

CERTIFICATE OF DEATH

03690

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Mount Wilson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 10 days

(e) Length of stay in this community (yrs., mos., or days) 2 mos. 10 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1607 W. Pratt Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles G. Lovell

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1881

8. AGE: Years 58 | Months 0 | Days 27 | If less than one day hr. min.

9. Birthplace Westminster, Maryland (Town, county, and state)

10. Usual occupation Mill Hand

11. Industry or business Unknown

FATHER

12. Name Elias Lovell,

13. Birthplace Westminster, Maryland

MOTHER

14. Maiden Name Katie Hooker,

15. Birthplace Westminster, Maryland

16 (a) Informant J. Frank Spalding,

(b) Address Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Westminster Cemetery

Location Westminster, Maryland

18 (a) Funeral director George L. Beyer,

(b) Address 1512 Hollins St., Balto., Md.

19 (a) 4/19/39 (Date rec'd by registrar) (b) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death April 19, 1939 at 8.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 9, 1939, to Apr. 19, 1939, and that I last saw him alive on Apr. 19, 1939.

	Duration
Immediate cause of death: Chronic Myocarditis	2 mos.
Due to: Bronchiectasis	Several years
Due to:	
Other conditions: Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	3 yrs., 5 mos.

Major findings:

Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Smith M. D. or other

Address Mt. Wilson, Md. Date signed 4/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 37

03691

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Rural - Sparks
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 85-7-21

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Sparks - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. York Rd. 2nd N. Glencoe Rd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mary Roberts Matthews

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Granville Matthews

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1853

8. **AGE:** Years 85 | Months 7 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Sparks, Balto Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John D. Matthews
13. Birthplace Sparks, Balto Co., Md.

MOTHER
14. Maiden Name Anna F. Foulke
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs Maynard Barney
(b) Address Sparks, Balto Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1939 (month) (day) (year)

(c) Cemetery or crematory Friends

Location Sparks, Balto Co., Md.

18 (a) Funeral director Landon M. Brooks

(b) Address Sparks, Md.

19 (a) Apr 1 - 39 (Date rec'd by registrar) (b) Wilmer C. Emmer M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 1939, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 20 1939, to April 1 1939, and that I last saw him alive on April 1 1939.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. W. France
M. D. or other

Address Parkton, Md Date signed April 1, 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03692

1. PLACE OF DEATH (93-C)

County Baltimore Registration Dist. No. 32

Village or City Pikesville No. 227 Church Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Henry J. McCarthy If U. S. Veteran, specify WAR

(a) Residence: No. 227 Church Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Willetta Trott McCarthy

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
69	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Veternarian

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Timothy McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Nolan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jerome McCarthy, (Son) 229 Church Lane

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Cathedral~~ OAKLAND CHURCH CEM Date 4-28, 1939

19. UNDERTAKER (Address) Margaret G. Flynn 1422 Light Street

20. FILED 4/25, 1939 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 25th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1937, to April 25, 1939

I last saw him alive on April 25, 1939; death is said to have occurred on the date stated above, at 7:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-25-39

Other Contributory Causes of importance:

Chron. myocarditis	unknown
Chronic arthritis	unknown

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical & Physical was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) C. B. Ensor M. D.

(Address) 4936 Park Hgts ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

RECEIVED
APR 30 1928
BUREAU V.S.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03693

1. PLACE OF DEATH (131)

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md No. Edmondson Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. McCollough If U. S. Veteran, specify WAR

(a) Residence: No. Edmondson Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 26 1857

7. AGE Years 82 Months 2 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bookkeeper Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Trading Cure Co

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew J. McCollough

14. BIRTHPLACE (city or town) (State or country) Cent Co Md

MOTHER

15. MAIDEN NAME Barbara A. Minnick

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanche M. Moore

(Address) 1118 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 4/19, 1939

19. UNDERTAKER J. M. Cook

(Address) 1217 St Paul St

20. FILED 4-17, 1937 H. C. Andrews Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 17 (Day), 1939 (Year)

I HEREBY CERTIFY, That I attended deceased from March 25th, 1939, to Apr. 17th, 1939

I last saw her alive on Apr. 16th, 1939; death is said to have occurred on the date stated above, at 1:10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cremia	4/15/39

Other Contributory Causes of importance: Chronic Parenchymatous Nephritis.

Name of operation Date of

What test confirmed diagnosis Clinical Exam Was there an autopsy No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Nothing Prog. MD

(Signed) 401 E 25th St. M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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APR 21 1939
BUREAU V. S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46B)

Reg. Dist. No. 33

03694

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Boring (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 8yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Boring (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles Ephriam Melking

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Annie E. Melking

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1862

8. **AGE:** Years 77 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual occupation Furniture Dealer

11. Industry or business

FATHER

12. Name George H. Milking

13. Birthplace Germany

MOTHER

14. Maiden Name Mary A. Killian

15. Birthplace Germany

16 (a) Informant Mrs. Walter Myers

(b) Address Boring, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 39 (month) (day) (year)

(c) Cemetery or crematory St. Paul

Location Baltimore Co.

18 (a) Funeral director J. F. Eline & Sons

(b) Address Reisterstown, Md.

19 (a) April 19, 1939 (Date rec'd by registrar) (b) J. F. Eline & Sons Registrar

MEDICAL CERTIFICATION

20. Date of death 4/18/1939, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/1939, to 4/18/1939, and that I last saw him alive on 4/17/1939.

Immediate cause of death: Carcinoma of stomach

Due to ✓

Due to ✓

Other conditions: Cachexia

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury ✓

23. Signature James G. Saffell M. D. or other

Address Reisterstown Md Date signed 4/19/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1939
BUREAU V. S.

STATE OF MARYLAND

HEALTH DEPARTMENT—~~CITY OF BALTIMORE~~

03695

CERTIFICATE OF DEATH

(95-B)

1. PLACE OF DEATH Registered No. 44

~~CITY OF~~ BALTIMORE: (No. Middleborough Rd St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adolph V. Miller If U. S. Veteran specify WAR .....

(a) Residence: No. Middleborough Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B Miller

6. DATE OF BIRTH (month, day, year) Sept-28-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Data deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles B Miller
(Address) Middleborough Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 4-28-1939

19. UNDERTAKER John E Miller Inc
(Address) 2435 E Pleasant St

20. FILED April 27, 1939 John B Connally
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Apr 26, 1939

I last saw him alive on Apr 25, 1939. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease.	
Apoplexy (Cerebral Hemorrhage)	Aug 1938
Myocardial Failure	Apr 2 1939

Other contributory causes of importance:

Was an operation performed? None. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab & Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Schumacher, M. D.

(Address) 842 S. East Ave.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *c. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 38

CERTIFICATE OF DEATH

03695

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Riderswood (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Joppa Road
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 20

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Riderswood (If outside city or town limits, write RURAL and give town)
(d) Street No. Joppa Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** McKendree Alband Morris

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah J. Morris

6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1855

8. AGE: Years 83 | Months 5 | Days 13 | If less than one day ——— hr. ——— min.

9. Birthplace Freeland, Md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Plasterer

FATHER
12. Name Wesley Morris
13. Birthplace Unknown

MOTHER
14. Maiden Name Lydia A. Chaffee
15. Birthplace Unknown

16 (a) Informant Mrs. Sarah J. Morris
(b) Address Riderswood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Freeland, Balto. Co., Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) Apr 5 39 (Date rec'd by registrar) (b) [signature] Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death April 3 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937, to Apr 3rd 1939, and that I last saw him alive on Apr 3 1939.

Immediate cause of death	Duration
Coronary Thrombosis	8 wks.
Due to	
Due to	
Other conditions Coronary & Senecal Arteriosclerosis (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel of al. Thos. Jenkins M. D. or other
Address Towson, Md. Date signed 4/4/39

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APR 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03697

(93-C)

1. PLACE OF DEATH

County Baltimore Co. Registration Dist. No. 30

Village or City Woodlawn No. 2019 Gwynn Oak Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellwood Norcross If U. S. Veteran, specify WAR

(a) Residence: No. 2019 Gwynn Oak Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, and year) July 14 - 1859

7. AGE Years 79 Months 9 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Engineer - Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gas + Electric Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 17 years

12. BIRTHPLACE (city or town) (State or country) Mt. Holly N. J.

FATHER

13. NAME Unknown Norcross

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Laura P. Jones 2019 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Date Apr. 28 - 1939

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St.

20. FILED 4/25, 1939 H. Lindner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Apr. 25, 1939

I last saw him alive on Apr. 20, 1939; death is said to have occurred on the date stated above, at 5 25 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1929
Other Contributory Causes of Importance:	
arterio sclerosis	uncertain
Senility	

Name of operation None Date of

What test confirmed diagnosis? phys. finding Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joshua H. Armacost M. D.

(Address) Woodlawn Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 3 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

New Institution [illegible]

STATE OF MARYLAND—CERTIFICATE OF DEATH

03698

(59)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Owings Mills No. Burha's Aged Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 1 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Alma Fitzgerald (Olszewski) If U. S. Veteran, specify WAR ___

(a) Residence: No. 529 S. Fremont Ave St., Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul Olszewski

6. DATE OF BIRTH (month, day, and year): Dec 5 1876

7. AGE: Years 62 | Months 4 | Days 17 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ___

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Gustav Wickert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Henrietta ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Marg't Scharfer 514 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Balto Cem. Date April 24, 1939

19. UNDERTAKER (Address): Bernard C Harle 121 E West St

20. FILED April 22, 1939 J. Ronald Miller M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 21st, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1939, to April 21, 1939

I last saw her alive on Apr. 21, 1939; death is said to have occurred on the date stated above, at 5:58 a.m. (am)

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Cerebral Hemorrhage	4/21/39

Other Contributory Causes of Importance:

Diabetes Mellitus	?

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) H. F. Ermshar M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 83

CERTIFICATE OF DEATH

03699

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Delight, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Post Office address Owings Mills
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 9 years.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Alfred Sylvester Parker.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male. | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband or wife Mary Worrell

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec 5-1881

8. **AGE:** Years 81 | Months 4 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Oakland Carroll Co. Md. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Franklin E. Parker.
FATHER 13. Birthplace Carroll Co. Md.

MOTHER 14. Maiden Name Barbara Lowe.
MOTHER 15. Birthplace Dont know.

16 (a) Informant mrs. Merab Parker
(b) Address Delight, Balto. Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1939 (month) (day) (year)
(c) Cemetery or crematory Black Rock.
Location Falls Road, Butler.

18 (a) Funeral director Wm. Berryman & Sons,
(b) Address Reisterstown, Md.

19 (a) Apr. 19, 1939 (Date rec'd by registrar) (b) J. Frank Mitten Registrar

MEDICAL CERTIFICATION

20. Date of death April 18 1939, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15th 19—, to April 18 1939, and that I last saw him alive on April 18 1939.

	Duration
Immediate cause of death Acute Dilatation	1 hr
Due to Arteriosclerosis	7 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Frank Mitten M. D. or other
Address Reisterstown Date signed 4/20/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03700

(131)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 41

Village or City Graceland Park — No. 6763 Graceland ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Preis

(a) Residence: No. 6763-Graceland Ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emil Preis

6. DATE OF BIRTH (month, day, and year): 8/3/1872

7. AGE: Years 66 — Months 8 — Days 15 — If LESS than 1 day ~~xxxxx~~ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ? Weiss

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Emil Preis

(Address) 6763-Graceland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date 4/20/39, 19

George J. Ruth Inc.

19. UNDERTAKER: George J. Ruth, Inc.

(Address) 1735-Hanford Ave.

20. FILED 4/19/39, 19 M. McCarmine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933, to April 18, 1939

I last saw her alive on April 17, 1939; death is said to have occurred on the date stated above, at 3:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-13-39

Other Contributory Causes of importance:

Chronic Nephritis	1933
Hypertension	1933

Name of operation None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. W. Reier M. D.

(Address) 2 Kinship Rd. Dundalk Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03701

(48)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Old Frederick Rd. & Edmondson Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Nellie May Pressler — If U. S. Veteran, specify WAR ____

(a) Residence: No. Old Frederick Rd. & Edmondson Ave. St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George E. Pressler.

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. H. W.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Thomas G. Wills

14. BIRTHPLACE (city or town) ____ (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. Meyers

16. BIRTHPLACE (city or town) ____ (State or country) Md.

17. INFORMANT Mr. George E. Pressler (Address) Old Frederick Rd. & Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 5/39

19. UNDERTAKER Harry H. Pritchett (Address) 4101 Edmondson Ave.

20. FILED 4/5, 19 39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to April 1, 1939

I last saw her alive on April 1, 1939; death is said to have occurred on the date stated above, at 3:15P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri	1937
Other Contributory Causes of Importance: Metastasis -- Vesico and reto Vaginal Fistulo	1939

Name of operation Radium Implantation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of Injury ____

Neture of Injury ____

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) J. N. Wilson M. D.

(Address) 617 W. 40th St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 30

CERTIFICATE OF DEATH

03702

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Catonsville, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 das.

(e) Length of stay in this community (yrs., mos., or days) 27 das.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Baltimore

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 2104 Fulton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Agnes Hurley Reed

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Roland Reed

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): April 2, 1874

8. AGE: Years: 65 Months: 0 Days: 22 If less than one day: _____ hr. _____ min.

9. Birthplace: Baltimore (Town, county, and state) Maryland

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Horace Hurley

13. Birthplace: New York

MOTHER

14. Maiden Name: Alberta Fischer

15. Birthplace: New York

16 (a) Informant: Hospital Records

(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26/39 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: 3801 Frederick Ave., City

18 (a) Funeral director: C. R. Weisheet & Son

(b) Address: 1300 EUTAW PLACE

19 (a) 4/26/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death April 24, 1939, at 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27, 1939, to April 24, 1939, and that I last saw him alive on April 24, 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to Cerebral arteriosclerosis	
Due to General arteriosclerosis	
Other conditions Chronic interstitial nephritis (Include pregnancy within 3 months of death)	Before 1939

Major findings:

Of operations:

Of autopsy As given above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature Serge Andrew, M. D. or other

Address Spring Grove Hospital Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 32

CERTIFICATE OF DEATH

03703

1. PLACE OF DEATH:
(a) County BALTIMORE
(b) City or town PIKESVILLE
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 17 WARREN ROAD
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 YRS.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town PIKESVILLE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 WARREN ROAD
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** HENRY REITZ

3 (b) If veteran, name war

3 (c) Social Security No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MABEL REITZ

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) BALTIMORE, MD

8. AGE: Years	Months	Days	If less than one day
56	9	11	_____hr. _____min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)

10. Usual occupation SALESMAN - "RETIRED"

11. Industry or business REAL ESTATE.

FATHER
12. Name HERMAN J. REITZ
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name MARY CARR
15. Birthplace BALTIMORE, MD.

16 (a) Informant LOUIS E. DARBY
(b) Address 3813 CHATHAM

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 13 1939 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK.
Location

18 (a) Funeral director C. RAYMOND KAUFMAN
(b) Address 927 LEEDS AVENUE.

19 (a) 4/11/39 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death April 10 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1929 19____, to April 10 1939, and that I last saw him alive on April 10 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 mos
Due to Arterio-Sclerosis	1929
Due to Arterial Hypertension	1929
Other conditions Mental disturbances due to cerebral arterio Sclerosis (Include pregnancy within 3 months of death)	1929

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. E. Nichols M.D.
M. D. or other
Address Pikesville Md Date signed April 11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 3 1966
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STATE OF MARYLAND—CERTIFICATE OF DEATH

03704

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 611 North Bend Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susan K. Rhodes

(a) Residence: No. 611 North Bend Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Robert H. Rhodes

6. DATE OF BIRTH (month, day, and year) November 13, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME William E. Callahan

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Katherine Arrington

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT J. Carroll Rhodes

(Address) 611 North Bend Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date April 26, 1939

19. UNDERTAKER Roff C. & B. M. Walters

(Address) Pratt & Stricker Sts

20. FILED 4-24-, 19 39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1939, to Apr 24, 1939

I last saw h-e alive on Apr 23, 1939; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis with Cardiac Decompensation	4/11/39.

Other Contributory Causes of Importance:

Bronchopneumonia	4/11/39
Hypertension & Chronic Myocarditis	Baltimore.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Augustine P. VanSchaick M. D.

(Address) 4618 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

107 Main St.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03705

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Glyndon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham S. Rome

(a) Residence: No. Glyndon Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Rome

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Joseph B. Rome

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Rome

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mrs Jeanette Rome Glyndon Md.

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 5-1-39, 19

19. UNDERTAKER (Address) Jack Lewis Inc. 1439 E. Balto St

20. FILED April 30, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1937, to April 29, 1939

I last saw him alive on April 28, 1939; death is said to have occurred on the date stated above, at 8 45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/4/39

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. F. Ermshaw M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 43

(82-a)

CERTIFICATE OF DEATH

03706

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 420 Walcott Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 Walcott Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary A. Russell

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William T. Russell

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1876

8. AGE: Years 63 | Months 2 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Schleisner & Co.

FATHER
12. Name Thomas O. Watson
13. Birthplace Ireland.

MOTHER
14. Maiden Name Catherine Kinsello
15. Birthplace Ireland

16 (a) Informant Mrs. E. A. Hurdle
(b) Address 420 Walcott Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director F. Lassahn & Son
(b) Address 7401 Belair Road

19 (a) 4/6/39 (Date rec'd by registrar) (b) G. A. Fritz M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 5th 1939 at 8:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1939, to April 5 1939, and that I last saw him alive on April 4 1939.

Immediate cause of death: Arterio-Sclerosis — Duration: ?

Due to

Due to

Other conditions: Cerebral Hemorrhage (Include pregnancy within 3 months of death) — 5 days

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Edwin H. Benson M. D. or other

Address 1 W. Overlea Ave Date signed 4/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

CERTIFICATE OF DEATH

03707

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Mount Wilson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mt. Wilson Branch, Maryland Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2/4/13

(e) Length of stay in this community (yrs., mos., or days) 2/4/13

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2108 E. Baltimore (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Anna Sapperstein

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1915

8. AGE: Years 23 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Gershon Sapperstein

13. Birthplace Russia

MOTHER 14. Maiden Name Chicia Susel

15. Birthplace Russia

16 (a) Informant J. Frank Spalding

(b) Address Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel Cemetery

Location Baltimore, Maryland

18 (a) Funeral director Jack Lewis, Inc.

(b) Address 1439 E. Baltimore St., Balto.

19 (a) Apr. 8, 1939 (Date rec'd by registrar) (b) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death April 8 19 39 at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26, 19 36 to April 8, 19 39, and that I last saw her alive on April 8 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Since 1934
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Smith M. D. or other

Address Mount Wilson, Md. Date signed Apr. 8, 1939

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APR 19 1939
BUREAU V. S.

03708

STATE OF MARYLAND—CERTIFICATE OF DEATH

(146)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Ellicott City, Post Office No. Mt. Dillon Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Laura Sauter

(a) Residence: No. Mt. Dillon Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gideon N. Sauter

6. DATE OF BIRTH (month, day, and year) July 16, 1895

7. AGE Years 43 Months 9 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own Home

10. Data deceased last worked at this occupation (month and year) April 21-39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME George Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Laura J. Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Gideon N. Sauter Rolling Road, Ellicott City.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Apr. 24, 1939

19. UNDERTAKER (Address) Easton Sons Ellicott City.

20. FILED April 22, 1939 Marshall B. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1939, to April 22, 1939

I last saw her alive on April 21, 1939; death is said to have occurred on the date stated above, at 1:15 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

		Date of onset
convulsions	April	22-39
acute nephritis	April	22-39
child birth	"	22-39

Other **Contributory Causes** of importance:

Full Term

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Marshall B. West M. D.

(Address) Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131) 24703709

1. PLACE OF DEATH

County Balto. Registration Dist. No. 4-2

Village or City Ridgeave Halethorpe Rd Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma E. Schaefer If U. S. Veteran, specify WAR

(a) Residence: No. Ridge Ave Halethorpe Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) May 19 1869

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
69	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Schaefer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Reister

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Emma E. Hechtel (Address) Ridge Ave Halethorpe

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date April 15 1939

19. UNDERTAKER William Cook (Address) 1217 St Paul St.

20. FILED April 14, 1939 Geo. Keefer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 14 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939, to April 14, 1939

I last saw h.. alive on April 13, 1939; death is said to have occurred on the date stated above, at 12:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease (Mitral regurgitation)	1930
Chronic Intestinal Nephritis	1934
Other Contributory Causes of importance:	
Pneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Herbert F. Kellerman M. D.

(Address) 6 East Biddle St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03710

STATE OF MARYLAND—CERTIFICATE OF DEATH

53-6

1. PLACE OF DEATH

County Balto. Registration Dist. No. 30

Village or City Catonsville No. Forest Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Therese Schon If U. S. Veteran, specify WAR

(a) Residence: No. Forest Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec. 28 - 1858

7. AGE Years 80 Months 3 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME Carl Schon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francisca Derringer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Carl S Bloede (Address) Arbutus ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr. 15, 1939

19. UNDERTAKER Wm. Pickner Sons (Address) North & Pa Aves.

20. FILED 4/15, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to April 14, 1938

I last saw her alive on Ap. 13, 1939; death is said to have occurred on the date stated above, at 3.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcinoma of Bladder

Date of onset

Other Contributory Causes of Importance: None

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward Stinson for M. D.

(Address) 18 E. Eagle St.

EDW. STINSON JR.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

208 E. 39th
Dr. Edw. Stinson Jr. 18 E. Eager St.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 37

CERTIFICATE OF DEATH

03711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Texas (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Baltimore Co: Almshouse

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10mo Ida

(e) Length of stay in this community (yrs., mos., or days) 10Mo ID

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town White Hall (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Shutt

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Unkown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1858

8. AGE: Years 80 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Ill. (Town, county, and state)

10. Usual occupation Shoemaker

11. Industry or business

FATHER 12. Name Louis Shutt

13. Birthplace Unkown

MOTHER 14. Maiden Name Unkown

15. Birthplace Unkown

16 (a) Informant Register Almshouse

(b) Address Texas

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Co; Almshouse

Location Texas Md.

18 (a) Funeral director Landon Brooks

(b) Address Sparks Md.

19 (a) Apr 7 (Date rec'd by registrar) (b) Wm. J. Schulcoat Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 7 1939, at 4. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1938, to Apr. 7 1939, and that I last saw him alive on Apr 7 1939.

	Duration
Immediate cause of death: Coma (uraemic)	1 wk
Due to: Chronic interstitial nephritis	1 yr.
Due to: Arterio sclerosis	1 yr.
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Milmer C. Euson M.D. (M. D. or other)

Address Cockeysville Md. Date signed Apr. 7/39

03712

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-a)

County Baltimore Registration Dist. No. 38

Village or City 6517 Beverly Rd. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Felix Slawik If U. S. Veteran, specify WAR

(a) Residence: No. 6517 Beverly Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Slawik

6. DATE OF BIRTH (month, day, and year) July 8 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tailor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Hopkins Clothes Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Slawik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Regina Wilk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Slawik (Address) 6517 Beverly Road

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date April 12, 1939

19. UNDERTAKER John M. Weber (Address) 401 S. Chester St. Balto. Md.

20. FILED Apr 10, 1939 [signature] Deputy Vocal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to April 9, 1939

I last saw him alive on April 8, 1939; death is said to have occurred on the date stated above, at 2.40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(1) Hypertension	
(2) Cerebral hemorrhage	

Other Contributory Causes of Importance: Acute myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Charles S. Neistadt M. D.

(Address) 1730 Linden Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]Y, WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03713

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md. No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Smallwood If U. S. Veteran, specify WAR

(a) Residence: No. ~~Opitz Home Catonsville~~ St., Ward.

(Usual place of abode) 4233 York Rd. Baltimore Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Smallwood

6. DATE OF BIRTH (month, day, and year) March-2-1849

7. AGE Years 90 Months 1 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Trunk —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Zachariah Heavel

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Lewis

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Edward S. Heavel (Address) 503 Radnor Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date April 19 1939

19. UNDERTAKER Mamie Cook Tyler (Address) 1600 West North Ave.

20. FILED 4/17, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 16th (Day), 1939 (Year)

I HEREBY CERTIFY, That I attended deceased from March 25th, 1939, to Apr. 16th, 1939

I last saw her alive on April 15th, 1939; death is sold to have occurred on the date stated above, at 4:10 am

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/13/39

Other Contributory Causes of importance:

Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis Clinical Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) 401 E 25th St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

GEO W. MURGATROYD 401 E 25th St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03714

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (82a)

County BALTIMORE Registration Dist. No. 4-2

Village or City LANDSDOWNE No. 310 SECOND AVE. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH G. SMITH

(a) Residence: No. 310 SECOND AVE. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BARBARA SMITH

6. DATE OF BIRTH (month, day, and year) FEB. 4 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RETIRED

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME MICHEAL SMITH

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME BARBARA FEIHE

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT (Address) JOHN SMITH SON BALTIMORE MD.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date APRIL 26, 1939

19. UNDERTAKER Lilly & Sullivan

(Address) 403 S. WOLFE ST.

20. FILED April 25, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH APRIL (Month) 23 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from apr 17, 1939, to apr 23, 1939

I last saw him alive on apr 23, 1939; death is said to have occurred on the date stated above, at 11/20 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	4/17/39
Broncho-pneumonia	4/23/39

Other **Contributory Causes** of importance:

Name of operation none Date of —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) C. P. Roe Hing M. D.

(Address) 2623 Washington Blvd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RECEIVED
MAY 1 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 47-B

Reg. Dist. No. 44

CERTIFICATE OF DEATH

03716

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Stemmer Run Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Stemmers Run Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Stemmers Run Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** William Earnest Sponheimer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Katie E. (Riegand)

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 13 1878

8. AGE: Years 60 | Months 9 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Geo. Sponheimer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Katie Sponheimer
(b) Address: Stemmers Run Rd.

17 (a) Zion Lutheran (Burial, cremation, or removal) (b) Date thereof Apr. 7-1939 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran Cem.
Location: Stemmers Run Rd.

18 (a) Funeral director: John B. Connelly
(b) Address: Essex, Md.

19 (a) 4/5/39 (Date rec'd by registrar) (b) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death April 4th 1939, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to April 1939, and that I last saw him alive on April 1 1939.

Immediate cause of death	Duration
Carcinoma of Lung	1 mos
Due to	
Due to	
Other conditions: Arteriosclerotic cardio-vascular disease (Include pregnancy within 3 months of death)	Years

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: George A. Davis M. D. or other
Address Essex Md. Date signed 4-5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03717

1. PLACE OF DEATH (96)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 42 Bloomsbury Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME RICHARD S. TALL Jr. — If U. S. Veteran, specify WAR ____

(a) Residence: No. 42 Bloomsbury Ave. Catons St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frances M. Tall

6. DATE OF BIRTH (month, day, and year): Oct. 5, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	29	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Office Manager

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Caton. Auto Co.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: Richard S. Tall Sr.

14. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

MOTHER

15. MAIDEN NAME: Catherine Wittman

16. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

17. INFORMANT: Mrs. Frances M. Tall (Wife)
(Address) 42 Bloomsbury Ave. Catons.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: April 21-39

19. UNDERTAKER: F. B. Kisbert & Bro
(Address) 1300 EUTAW PLACE...C

20. FILED: 4/21, 19 39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1939, to 4-18-, 1939

I last saw him alive on 4-18, 1939; death is said to have occurred on the date stated above, at 11:30 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1 Coronary cardiac lesion,	Several
Cardiac Hypertrophy -	years
Interstitial Nephritis	
chronic, Hypertension -	
Other Contributory Causes of importance:	
Aneurism Abdominal	
aorta - Rupture -	1 week
Acute Suppression (urine)	2 days

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) S. DeMarco M. D.

(Address) Medical Arts Bldg.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Dr. DeMarco

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
APR 24 1939
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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employed," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (925)

Reg. Dist. No. 37

03718

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Lutherville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 65 Years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)

(d) Street No. Sessingang Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Annie M. Taylor

3 (b) If veteran, name war: —

3 (c) Social Security No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Charles B. Taylor

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1850

8. AGE: Years	Months	Days	If less than one day
88	4	20	_____ hr. _____ min.

9. Birthplace: Timonium, Balto Co., Md. (Town, county, and state)

10. Usual occupation: Homemaker

11. Industry or business

FATHER — 12. Name: Samuel Collings

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden Name: Eliza Hamill

MOTHER — 15. Birthplace: Frostburg, Md.

16 (a) Informant: Mrs. W. W. Boyce

(b) Address: Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1939 (month) (day) (year)

(c) Cemetery or crematory: Greenmount

Location: Baltimore, Md.

18 (a) Funeral director: Lander M. Brophy

(b) Address: Sparks, Md.

19 (a) Apr. 25 (Date rec'd by registrar) (b) Wm. J. Whitcomb, Local Dept. Registrar

MEDICAL CERTIFICATION

20. Date of death April 25 1939, at 11.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1939, to 4-25 1939, and that I last saw him alive on 4-25 1939.

Immediate cause of death	Duration
Bronchopneumonia	4-23-39.
Due to Cerebral Hemorrhage	4-20-39.
Due to Arteriosclerosis General & cerebral	unknown
Other conditions Valvular heart disease	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Bennett A. Stowe M. D. or other

Address Lutherville, Md Date signed 4-26-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03719

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City ~~Baltimore~~ No. Villa Maria, Notch Cliff St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sister Mary Emma Thies

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1861

7. AGE: Years 77 Months 9 Days 24 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester (State or country) N. Y.

FATHER

13. NAME Matthias Thies

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Ege

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr. M. Peter Fourier (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date Apr. 24, 1939

19. UNDERTAKER Geo M. Fink Son (Address) 811 W. Wolfe St.

20. FILED 4/24/39, 19 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to April, 1939

I last saw her alive on April 21, 1939; death is said to have occurred on the date stated above, at 3.06 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pernicious anemia	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) [signature] M. D.

(Address) Towson Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE BLACKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 2 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (958) Reg. Dist. No. 03720

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Sparrows Point, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution 705 9 St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 9 Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Frances Burlin Thomas

3 (b) If veteran, name war ~

3 (c) Social Security No. None

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Thomas

6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Mar 29-1879

8. AGE: Years 60 | Months - | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace New Bedford, Mass. (Town, county, and state)

10. Usual occupation Cook

11. Industry or business

FATHER 12. Name ?
13. Birthplace Unknown

MOTHER 14. Maiden Name ?
15. Birthplace Unknown

16 (a) Informant Raphael McKinney
(b) Address 705 9 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md

18 (a) Funeral director Daniel Claus & Son
(b) Address 638 N. Gilmor St

19 (a) April 28-39 (Date rec'd by registrar) (b) Dawson L. Harbor Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death April 24 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13-1939, to April 24-39 and that I last saw her alive on April 22 1939.

	Duration
Immediate cause of death Cerebral hemorrhage	April 6-39
Due to Cardio-Vascular disease	Unknown
Due to Decubitus ulcers (acute)	two weeks
Other conditions ~	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dawson L. Harbor M. D. or other
Address Sparrows Point Date signed April 24-39

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MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

CERTIFICATE OF DEATH

03721

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Mount Wilson
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mount Wilson Branch, Maryland Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 11 days

(e) Length of stay in this community (yrs., mos., or days) 2 mos. 11 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1334 Washington Boulevard
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs. Rose Thompson

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas L. Thompson

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1902

8. AGE: Years 36 | Months 6 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER

12. Name Marion B. Newman

13. Birthplace Spartanburg, South Carolina

MOTHER

14. Maiden Name Marie Hartman

15. Birthplace Philadelphia, Pennsylvania

16 (a) Informant J. Frank Spalding

(b) Address Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery,

Location Baltimore, Maryland

18 (a) Funeral director Harry H. Witzke

(b) Address 4101 Edmondson Ave., Balto., Md.

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1939, at 6.25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 6 1939, to Apr. 17 1939, and that I last saw her alive on Apr. 17, 1939.

Immediate cause of death Pulmonary Tuberculosis — Duration Since Nov. 1933

Due to ____

Due to ____

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature John A. Smith, M.D. (M. D. or other)

Address Mount Wilson, Md. Date signed 4/17/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 1939
BUREAU V. S.

Dr Davis 3 Kinship Rd.

03722

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Turners Station No. Patapsco Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Ferdinand Trabert If U. S. Veteran, specify WAR .....

(a) Residence: No. Patapsco Ave. St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Trabert

6. DATE OF BIRTH (month, day, and year): May 20, 1869

7. AGE: Years 69 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Shipping Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Maryland Pattern Co

10. Date deceased last worked at this occupation (month and year): 69 29

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Albert Trabert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Magdeline Steinmetz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Elizabeth Schreifer 619 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date 4/22/39

19. UNDERTAKER (Address): Wm Cook 1219 E Paul St

20. FILED 4/20/39, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 19, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939, to April 19, 1939

I last saw him alive on April 19, 1939; death is said to have occurred on the date stated above, at 2:15 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myelogenous Leukemia	1939

Other Contributory Causes of Importance:

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) M B Davis M. D.

(Address) Dundalk Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

APR 26 1939
BUREAU VI

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-C) Reg. Dist. No. 30

CERTIFICATE OF DEATH

03723

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Spruce Fork Sleb Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 3 20
(e) Length of stay in this community (yrs., mos., or days) 5yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Bradford st (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Charles Trumps.

3 (b) If veteran, name war: No
3 (c) Social Security No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: ——
6. (c) If alive, give age: —— years

7. Birth date of deceased (mo., day, yr.) 7/28/76

8. AGE: Years 62 | Months 9 | Days 2 | If less than one day: ——hr. ——min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business unknown

FATHER
12. Name Frederick Trumps
13. Birthplace Germany

MOTHER
14. Maiden Name Kate Klepfer
15. Birthplace Maryland

16 (a) Informant August Rheudschneider
(b) Address 424 N Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3-39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Harford Rd

18 (a) Funeral director Wm H Walkenton
(b) Address 3000 E Balto St

19 (a) April 3-39 (Date rec'd by registrar) (b) Marshall B West Registrar

MEDICAL CERTIFICATION

20. Date of death April 30 19 39 at 4:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 19 39, to Apr 30 19 39, and that I last saw him alive on Apr 29 19 39.

Immediate cause of death: Cerebral Hemorrhage — Duration: Since 1935
Due to: —— —— ——
Due to: —— —— ——
Other conditions: Injection, Illness, Influenza, Diphtheria, Typhoid (Include pregnancy within 3 months of death) — 1929

Major findings:
Of operations: ——
Of autopsy: ——

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ——
(b) Date of occurrence ——
(c) Where did injury occur? —— (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? —— (Specify type of place) While at work? ——
(e) Means of injury ——

23. Signature John G Rumbolf M. D. or other
Address Spruce Fork Sleb Hospital Date signed 4/30/39

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1939
BUREAU V. S.

03724

STATE OF MARYLAND—CERTIFICATE OF DEATH

(50)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Fredk. Rd + De Vere La St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie M. Vallotton If U. S. Veteran, specify WAR

(a) Residence: No. Fredk Rd + De Vere La St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gordon P Vallotton

6. DATE OF BIRTH (month, day, and year) Dec 3 1890

7. AGE Years 48 Months 4 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Howard J. Kirby

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Gordon P. Vallotton Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 5/3, 1939

19. UNDERTAKER (Address) George A. Farley Catonsville Md

20. FILED 5/2, 1939 H. L. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY. That I attended deceased from March 13, 1939, to April 30, 1939

I last saw her alive on April 29, 1939; death is said to have occurred on the date stated above, at 2:11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast (Scirrhus)	Dec 1937
General Carcinomatosis	Progressive

Other Contributory Causes of importance:

Name of operation Mastectomy Radical (left) Date of 2/21/38

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Frederick Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

RECEIVED
BUREAU

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

CERTIFICATE OF DEATH

03725

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Mount Wilson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution Mt. Wilson Branch, Maryland Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mos. 27 days

(e) Length of stay in this community (yrs., mos., or days) 3 mos., 27 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3300 Alto Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Frederick H. Warnsman

3 (b) If veteran, name war

3 (c) Social Security No. 213-10-6198

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Carolyn Warnsman

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10, 1874

8. AGE: Years	Months	Days	If less than one day
65	3	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Accountant

11. Industry or business Unknown

FATHER 12. Name Adolph T. Warnsman,

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Katherine E. Plitt,

15. Birthplace Baltimore, Maryland

16 (a) Informant Eleanor Pearson,

(b) Address Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery,

Location Baltimore, Maryland

18 (a) Funeral director Henry W. Mears & Son,

(b) Address 805 N. Calvert St., Balto., Md.

19 (a) 4/18/39 (Date rec'd by registrar) (b) J. Hauk Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death April 18, 1939, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1938, to Apr. 18, 1939, and that I last saw him alive on Apr. 18, 1939

Immediate cause of death	Duration
Pulmonary Tuberculosis	10 mos.
Toxic Myocarditis	
Due to	
Due to	
Other conditions Diabetes	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Smith, M.D. M. D. or other

Address Mount Wilson, Md. Date signed 4/18/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46-1 Reg. Dist. No. 30

CERTIFICATE OF DEATH

03726

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1M 22D

(e) Length of stay in this community (yrs., mos., or days) 1M 22D

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County St. Mary's

(c) City or town Hermansville
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** James Watts

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret E.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1857

8. **AGE:** Years 81 | Months 9 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Farming implements

FATHER

12. Name Joshua Watts

13. Birthplace Maryland

MOTHER

14. Maiden Name Mary Elizabeth Booth

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Spring Grove State Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-39 (month) (day) (year)

(c) Cemetery or crematory St Nicholas Cem.

Location St. Mary City, St. Mary's Co.

18 (a) Funeral director E. L. Robinson

(b) Address Leonardtown, Md.

19 (a) 5/4/39 (Date rec'd by registrar) (b) [signature] Registrar

Deputy

MEDICAL CERTIFICATION

20. Date of death April 30, 1939, at 9:35 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8, 1939, to April 30, 1939, and that I last saw him alive on April 30, 1939

Immediate cause of death	Duration
Broncho-pneumonia	3 days
Due to Carcinoma of the head of the pancreas	Before 1939
Due to	
Other conditions Senile psychosis	Before 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy As given above in the cause of death

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Serge Andrup, M. D. or other

Address Spring Grove Hospital Date signed 5/1/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 2 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (952) Reg. Dist. No. 40

CERTIFICATE OF DEATH

013727

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Rockord Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town near Rockord Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George E. Steichert

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Ida Steichert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7-1864

8. AGE: Years 75 | Months ✓ | Days 8 | If less than one day ____hr. ____min.

9. Birthplace York Co Penna
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hebert Steichert
(b) Address Hyde Md

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof April 18-1939 (month) (day) (year)
(c) Cemetery or crematory Fork M. E. Cem
Location Fork Md.

18 (a) Funeral director Clarence E. Cullum
(b) Address Fork Md.

19 (a) April 16-39 (Date rec'd by registrar) (b) W. McKinnett Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1935 to Apr. 15 1939 and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Cerebral Hemorrhage	24 hrs.
Due to Arteriosclerosis	10 yrs.
Due to	
Other conditions Arteriosclerotic Heart Disease (Include pregnancy within 3 months of death)	3 yrs.

Major findings:
Of operations ✓
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford F. Hudson M. D. or other
Address Fork, Md. Date signed Apr. 16, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 2 1938
BUREAU V. S.

03728

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ~~Baltimore~~ Baltimore Registration Dist. No. 30

Village or City Catonsville No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry D. Weyrich If U. S. Veteran, specify WAR

(a) Residence: No. 1719 Longwood St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Julia H. Weyrich (nee Franzke)

6. DATE OF BIRTH (month, day, and year) Aug. 20, 1849.

7. AGE 89 Years | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter Weyrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Buehl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. V. Herbert Weyrich (Address) 1719 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date April 5/39, 19

19. UNDERTAKER Harry H. Witzke (Address) 4101 Edmondson Ave.

20. FILED 4/5, 1939 H. C. Andreae Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/31/39, 1939, to April 2, 1939

I last saw him alive on April 2, 1939; death is said to have occurred on the date stated above, at 3 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary edema	4/1/39

Other Contributory Causes of importance:

Bronchi-pneumonia	3/31/39

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Leonian M. D.

(Address) 4004 Liberty Heights Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
APR 8 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03729

1. PLACE OF DEATH 210-m

County Baltimore

Registration Dist. No. 42

Village or City St. Denis on Washington Boulevard No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia May Williams (Mrs)

(a) Residence: No. 912 T St., N.W., Washington, Ward D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of James R. Williams

6. DATE OF BIRTH (month, day, and year) March 15, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Private home

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta, Ga

FATHER

13. NAME Joseph Grigger

14. BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

MOTHER

15. MAIDEN NAME Leila Joyner

16. BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

17. INFORMANT Ernest Grigger

(Address) 918 King St., Alexandria, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Data 4/25, 1939

19. UNDERTAKER Edward Toulson

(Address) 2359 Washington Blvd

20. FILED April 24 1939 Geo. M. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at 4:15 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importanca were as follows:

	Date of onset
Sudden death	
Automobile accident	
Other **Contributory Causes** of importance:	
Crushed skull	
Multiple fractures head & jaw	

Name of operation — Data of —

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-20, 1939

Where did injury occur? Public highway

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place

Manner of injury Automobile accident

Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. M. Kieffer Jr. Local Registrar M.D.

(Address) 101 S. Eden Ave Baltimore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 2 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1248) Reg. Dist. No. 30

CERTIFICATE OF DEATH

03730

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs 7 mo 17 dy.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3111 Virginia ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Winters

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 ~ 1883

8. AGE: Years 55 | Months 11 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business home

FATHER

12. Name Jacob W. Winters

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Elizabeth Lewis

15. Birthplace Md

16 (a) Informant Records of Spring Grove State Hosp.

(b) Address Catonsville.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 2 1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto. Co

18 (a) Funeral director William M. Mareck

(b) Address 715 Light St

19 (a) 4/30/39 (Date rec'd by registrar) (b) H. L. Sudrum Registrar Deputy

MEDICAL CERTIFICATION

20. Date of death April 29th 1939, at 6:28 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1936, to April 29 1939, and that I last saw ~~him~~ her alive on April 29 1939.

Immediate cause of death	Duration
Acute Bilateral Pleurisy with effusion	6 days
Due to Chronic Myocarditis	before 1935
Due to Cirrhosis of the liver	" 1935
Other conditions Schizophrenia, Paranoid (Include pregnancy within 3 months of death)	" 1935

Major findings:

Of operations

Of autopsy As given above in the cause of death.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Serge Androp M. D. or other

Address Catonsville, Md Date signed 4/30/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-B)

Reg. Dist. No. 44

03731

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Chesapeake Park Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Edgewater Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 17 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Chesapeake Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. Edgewater Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Emil Wockenfuss

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Maggie Wockenfuss

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 12 1865

8. AGE: Years 73 | Months 11 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Brick Layer

11. Industry or business

FATHER
12. Name Herman Wockenfuss
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Maggie Wockenfuss
(b) Address Chesapeake Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director J. Howard Strong
(b) Address 715 Light St.

19 (a) 4/1/39 (Date rec'd by registrar) (b) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 1939, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1939, to April 1 1939, and that I last saw him alive on April 1 1939.

Immediate cause of death	Duration
Coronary Thrombosis	12 hrs.
Due to Arteriosclerotic Cardio vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 4/1/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 14 1939
BUREAU V. S.

03732

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Charles Wolfe If U. S. Veteran, specify WAR

(a) Residence: No. 18 Edmondson Ridge Rd. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Burr Wolfe

6. DATE OF BIRTH (month, day, and year): Dec. 7 - 1870

7. AGE: Years 68 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Consulting

10. Date deceased last worked at this occupation (month and year): Mar. 29 - 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Union Bridge, Carroll County, Md.

FATHER

13. NAME: Daniel Oscar Wolfe

14. BIRTHPLACE (city or town) (State or country): Union Bridge, Carroll County, Md.

MOTHER

15. MAIDEN NAME: Susan Haines

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): C. Edward Whitmore, 3505 Cedardale Road.

18. BURIAL, CREMATION, OR REMOVAL Place: Mountain View Cem. Date: April 4, 1939

19. UNDERTAKER (Address): Charles G. Black, 742 W. North Ave.

20. FILED: 4/2, 1939 H. L. Sudreal, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 2, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939, to April 2, 1939

I last saw him alive on April 2, 1939; death is said to have occurred on the date stated above, at 6:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Endocarditis	2 yr
Myocarditis	2 yr

Other Contributory Causes of importance:

Uraemic Coma	1 da

Name of operation Date of

What test confirmed diagnosis? cl Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. W. Bovelli M. D.

(Address) 4213 Frederick Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

BOOKLET U.S.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN